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I HEREBY CERTIFY THAT THIS COPRESPONDENCE IS BEING BEFORED WITH THE UNITED STATES POSTAL SERVICE WEIGHT POSTAGE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C., 20231, ON:

Date: August 18, 2000

In re Patent Application of

A tologonal y

Patent

Attorney's Docket No. 002010-603

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| YEDNOCK et al. |) Group Art Unit: 1653 | | | | | | |
|--|---|--|--|--|--|--|--|
| Application No.: 09/127,364 |) Examiner: D. Lukton | | | | | | |
| Filed: July 31, 1998 |)) | | | | | | |
| For: ANTI-INFLAMMATORY COMPOSITIONS AND METHOD |)))) | | | | | | |
| AMENDMENT/REPLY TR | ANSMITTAL LETTER | | | | | | |
| Assistant Commissioner for Patents Washington, D.C. 20231 | | | | | | | |
| Sir: | | | | | | | |
| Enclosed is a reply to the Restriction Requirem identified patent application. | ent mailed on April 14, 2000 for the above- | | | | | | |
| [X] A Petition for Extension of Time is also | enclosed (3 months). | | | | | | |
| - - | A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed. | | | | | | |
| [] Also enclosed is | | | | | | | |
| [] statement(s) claiming small entite [] are also enclosed [] were submitted | | | | | | | |
| [] Applicant(s) request continued examination [] \$345.00 (201) [] \$690.00 (101) fee due | on under 37 C.F.R. § 1.114 and enclose the under 37 C.F.R. § 1.17(e). | | | | | | |
| [] Applicant(s) previously submitted requested. | _, on, for which continued examination is | | | | | | |

- [] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- [X] No additional claim fee is required.
- [] An additional claim fee is required, and is calculated as shown below:

| | | AMENDED | CLAIMS | | |
|---------------------------|------------------|--|-----------------|-------------------|---------------|
| | No. OF CLAIMS | Highest No. Of Claims Previously Paid for | EXTRA CLAIMS | RATE | ADDT'L FEE |
| Total Claims | | MINUS = | | × \$18.00 (103) = | |
| Independent Claims | | MINUS = | | × \$78.00 (102) = | |
| If Amendment adds m | ultiple depende | ent claims, add \$260 | .00 (104) | | |
| Total Amendment Fee | | | - | | |
| If small entity status is | claimed, subt | ract 50% of Total A | mendment Fe | e | |
| TOTAL ADDITIONA | AL FEE DUE | FOR THIS AMEN | DMENT | | |

| [X] A check in the | ie amount of 5 | 0/0.0 | U IOI | me | extension of | or ume | iee is | s enclosed. |
|--------------------|----------------|-------|-------|----|--------------|--------|--------|-------------|
|--------------------|----------------|-------|-------|----|--------------|--------|--------|-------------|

| l | J | Charge \$ | to | Deposit | Account | No. | 02-4800. |
|---|---|-----------|----|---------|---------|-----|----------|
|---|---|-----------|----|---------|---------|-----|----------|

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:

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Date: August 18, 2000